misconceptions among WSW regarding their risk status and the services available to them. Sexually transmitted infections (STIs), abnormal cervical cytology, and unplanned pregnancy are conditions which are crucially exacerbated by barriers to engagement with health care.
Aim(s)/objectives To review the recent literature regarding access to sexual health care among WSW, and discuss some of the indicators of sexual ill-health adversely impacted by barriers to such engagement.
Methods Relevant databases (MEDLINE, Embase) were searched using MeSH terms related to sexual health, engagement with health serves, and WSW.
Results This review demonstrates that WSW experience several barriers to care, including the heteronormative expectations of health professionals. Studies suggest the prevalence of STIs among WSW is comparable to heterosexual women, while the use of barrier protection is limited. Screening uptake for cervical cancer among WSW remains poor. In addition, sexual minority, sexually active young women are more likely to experience an unplanned pregnancy than their heterosexual peers.
Discussion/conclusion The findings with regards to STI risk and unplanned pregnancy highlight the need for targeted interventions to address sexual risk taking behaviour among WSW. Further research should be conducted to examine the effectiveness of such interventions. Furthermore, greater understanding of the sexual health of WSW is urgently required among clinicians to improve care and engagement with healthcare among this population of women.

P010 MAXIMISING DEPARTMENTAL INCOME; A QUALITY IMPROVEMENT PROJECT FOR IMPROVING HIV TESTING AND CODING

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Background BASHH standards recommend that 97% of 1st attenders to GUM services should be offered an HIV test to facilitate prompt diagnosis. This standard now features as a key performance indicator (KPI) in contracts where financial penalties are imposed for non-compliance.
Aim 97% of first GUM attendances will be offered an HIV test by August 2015.
Methods Quality improvement (QI) methodology was applied and key drivers were identified: 1) Staff: Timetabled administration sessions and training. 2) Communication: Weekly email reminders to staff regarding coding accuracy. 3) Timing: Timely upload of missed HIV codes by reception. 4) Measurement: Performance recorded/reviewed monthly.
Plan-do-study-act cycles (PDSA) were used PDSA 1: Computerised administration recall system launched resulting in all clinical administration tasks becoming computerised and accessible from any site across the Trust. Standard Operating Procedures (SOP) developed. Team training. PDSA 2: Reception team briefed/delegated task of uploading missed HIV codes. Weekly email reminders sent to staff. PDSA 3: Administration recall SOPs uploaded to intranet. New staff inductions delivered.
Results Prior to introduction of this project only 89% of new attenders were offered an HIV test (May 2014). We have exceeded our aim with 100% offered, avoiding a potential penalty of £19,165 per month, securing £229,980 income over the past 12 months.
Discussion Using QI methodology, robust systems can be implemented improving patient care and facilitating meeting KPIs.

P011 IMPROVING TIME TO TREATMENT; A QUALITY IMPROVEMENT PROJECT FOR RESULTS HANDLING OF NON-STANDARD GUM TESTS

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Background Delays to treatment following late non-standard results (NSR) review (e.g. mid-stream urine or radiological tests) by a doctor can cause patient harm. There are on average 10 NSR per week in our department. Prior to this project there was limited governance around clinician review of results with most done in an adhoc way sometimes causing significant delays to treatment (2+ weeks). Verbal communication with staff often did not result in NSR being actioned faster. Patients would often make multiple calls to the results team resulting in poor patient experience.
Aim All NSR, once available, will be actioned within 7 days by August 2015.
Methods Quality improvement (QI) methodology applied and key drivers identified: 1) Staff: Training, timetabled administration sessions. 2) Communication: Clear roles/responsibilities identified, email communication. 3) Timing: Timely upload of NSR onto recall list by results team. 4) Measurement: Recall list checked daily, NSR remaining recorded.
Plan-do-study-act cycles (PDSA) were used over six months PDSA 1: Developed a computerised recall system. Standard Operating Procedures (SOP) written. Team training. PDSA 2: Results team briefed/delegated task of recording remaining NSR. PDSA 3: SOPs uploaded to intranet. Email communication with new staff. SHO induction briefing (every four months).
Results We now have on average only one outstanding NSR per week. Verbal communication from the results team has confirmed much improved patient satisfaction.
Discussion Through QI methodology and the development of a simple organised governance system, patient care and satisfaction can be improved. Additional PDSA cycles are planned to further service improvement.

P012 MANAGING MYCOPLASMA GENITALIUM: ARE WE DOING ENOUGH?

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Background *Mycoplasma genitalium* (MG) caus+es urethritis in males and cervicitis and PID in females. MG prevalence in the UK is not well understood and frequent use of single dose macrolide antibiotics is driving antimicrobial resistance.
Methods From November 2011 to May 2015 selected men with persistent urethritis or proctitis and women with persistent PID